AFC/HFA SAMPLE CORRECTIVE ACTION PLAN

Facility Name:

A corrective action plan (CAP) must identify:

- How compliance with each rule violation will be achieved
- Timeframes for completion/implementation of correction of each violation **License Number:**
- How continuing compliance will be maintained once achieved

 Who is responsible CAP must be dated ar 	e for implementing corrective action for each violation ad signed by Licensee, Licensee Designee, or for HFA only, Authorized Represe	ntative
Rule #	Describe violation:	
Corrective action:		Date Achieved/Implemented:
How maintained:		Person Responsible:
Rule #	Describe violation:	
Corrective action:		Date Achieved/Implemented:
How maintained:		Person Responsible:
Rule #	Describe violation:	
Corrective action:		Date Achieved/Implemented:
How maintained:		Person Responsible:
Rule #	Describe violation:	
Corrective action:		Date Achieved/Implemented:
How maintained:		Person Responsible:
Signature of Licensee/Licensee Designee, or for HFA only, Authorized Representative:		Date of Signature: